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TOWN OF WALPOLE - ZONING BOARD OF APPEALS

APPLICATION FOR HEARING

Name of Applicant: _____ Date _____

Address: _____ Tel. No. _____

Location of property involved: _____

Previous B/A Decision - Case # _____ Date _____

Assessors Lot No. _____ Zoning District _____

This application - (fill out the appropriate request(s) below):

1. Request a **SPECIAL PERMIT** under Section _____ of the Zoning By-Laws to allow _____

2. Request a **VARIANCE** from Section _____ of the Zoning By-Laws to allow _____

3. Is an **APPEAL** from action taken by Building Inspector or other administrative official
_____ with respect to _____
(name of official) (describe)

Signature of Zoning Enforcement Officer

Signature of Owner of Property

Signature of Applicant

Address of Owner

Relationship to property involved

Application must be filed in duplicate